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## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial

Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nun	nber	M	da	n050-C1	
First Named Inventor		3	·/c	m. Dowling	
COMPLETE IF KNOWN					
Application Number			/		
Filing Date	٥٢	14	3,	2003	
Group Art Unit					
Examiner Name		-			

As a below named inventor, I hereby declare that:						
My residence, post office a	address, and citizenship are	as stated below next to my	name.			
names are listed below) of	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
High Spee	High Speed Modern with uplank remove echo canceller					
the specification of which is attached hereto	(7700	e of the Invention)				
OR was filed on (MM/D	D/YYYY)	as Unite	d States Applica	tion Number or PCT International		
Application Number	and wa	as amended on (MM/DD/Y	YYY)	(if applicable).		
	eviewed and understand the cent specifically referred to abo		ified specificatio	n, including the claims, as		
I acknowledge the duty to d	disclose information which is	material to patentability as	defined in 37 CF	R 1.56.		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Tunico (5)		,,,,,,	0000			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number	Application Number(s) Filing Date (MM/DD/YYYY)		Additional provisional application numbers are listed on a supplemental priority data sheet			
				SB/02B attached hereto.		

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECL	ARATION	— Utility	or De	esign	Pate	nt App	licatio	on
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
U.S. Parent Application or PCT Parent Number		P	Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
09/231,471		0	01/14/1999					
Additional U.S	or PCT international app	olication numbers are	listed on a su	ipplemental į	priority data s	sheet PTO/SB/	02B attached h	ereto.
	r, I hereby appoint the fo			prosecute th	his application	n and to transa		
and Trademark Office	ce connected therewith:	Customer Numb	er			<b>→</b>	Place Custo Number Bar	1
		Registered pract	titioner(s) nam	ne/registratio	n number list	ted below	Label he	
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	Name	Numl	per		Name		Nu	mber
Eric M	1. Dowling	44,09	4					
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City /	niami			State F	<u> </u>	ZIP 3	3102-5	5635
Country U	SA	Telephone	305	437	7670	Fax 305	54377	1670
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
Name of Sole or First Inventor:								
Given Name (first and middle [if any]) Family Name or Surname								
Eric Morgan / Dowling								
Inventor's Signature	Em	M. 12	1				Date	
Residence: City	San Jos	e. State		Country	Costa	Rica	Citizenship	USA
Post Office Address								
Post Office Address Post Office Address above)								
City	St	ate	ZIP			Country		
☐Additional inv	entors are being name	ed on thesup	plemental A	dditional In	ventor(s) s	heet(s) PTO/	SB/02A attac	hed hereto